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Date: July 21, 2005  
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Location: United States Patent and Trademark Office  
Fax No.: 703-872-9306 Centralized Facsimile  
From: Scott M. Garrett - 39,988  
Subject: 09/944,569 - Gustavo D. Leizerovich Confirmation No.: 2495

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EXAMINER:	Aung T. Win
GROUP ART UNIT:	2645
SERIAL NO.:	09/944,569
FILED:	AUGUST 31, 2001
INVENTOR:	Gustavo D. Leizerovich

**CERTIFICATE OF TRANSMISSION/MAILING**

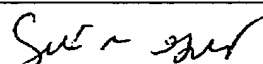
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July 21, 2005

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/944,569			
		Filing Date	AUGUST 31, 2001			
		First Named Inventor	Gustavo D. Leizerovich			
		Group Art Unit	2645			
		Examiner Name	Aung T. Win			
Total Number of Pages in this Submission	10	Attorney Docket Number	CM03387J			
<b>ENCLOSURES</b> (check all that apply)						
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	Remarks X Facsimile Transmittal			
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Firm or Individual	Scott M. Garrett	Registration No.	39,988			
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